

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH2587
State File No. 766

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 5774 Westminster Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Nathan		b. (Middle) Aaron		c. (Last) Damie	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-26-1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Salesman		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eva C. Damie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ruth Rose Ann Damie ADDRESS 5774 Westminster			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, Encephalopathy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 414 X 87				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 19 46, to Jan. 25, 1949, that I last saw the deceased alive on Jan. 25, 1949, and that death occurred at 2 45 m., from the causes and on the date stated above.						23. DATE SIGNED Jan. 26, 1949	
23a. SIGNATURE Julius Elson M.D.		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED Jan. 26, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/27/49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 26 1949		REGISTRAR'S SIGNATURE J. B. Rasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman R. Rasmussen 5216 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Call my off 6-2-69 H.C. Stoltz

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 2587-49
Local Registrar's No. 766

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

for Nathaniel Aaron Danieles, who, upon..... oath, states that the original record of ^{birth}~~death~~
^{born} 1-25-49, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 17 ~~#~~ should read Ruth Ann Danieles

Instead of..... Rose " "

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Ann Danieles my
Relationship.....

5774 Westminster
Present Address.....

Subscribed and sworn to before me this 2 day of March, 1949

My Commission expires 3-4-49 Earl C. Johnson Notary Public.

